

Meeting Summary of the Kentucky Mental Health Services Planning Council
February 8, 2007, 10:00am- 2:00pm
100 Fair Oaks Lane, Large Conference Room A & B

Council Members Present: Molly Clouse, Robert R. Hicks, Steve Shannon, Betty Jo Moss, Mary Sue Klusman, Sharma Klee, Steve Hartwig, Carmilla Ratliff, Anna Winchell, Lynn Haney, William Heffron, Donna Hillman, Shelley Adams, Carol Estes, Doreen Mills

Council Members Absent: Rebecca Garrett, Kevin Pangburn, Janet Gothard, Kathleen Casper, Carolyn Kates-Glass, Toyah Robey, Stephanie Shepard, Trudy Abshire, Rita Brooks, Steve Liles, Jim Sparks, Phil Gunning, Joy Varney, Jan Powe, Marty Harrison,

DMHMRS Staff: Michele Blevins, Louis Kurtz, Anita Jennings, Hope Barrett, Annette Gatewood, Victor Eleazer, Kevin Fleming, Carol Saylor, Dona Whitenack, Amy Diloranzo

Guests: Jennifer Smith, Susan Klusman Turner, Heather Marcus, Carolyn Bray

TOPIC	OUTCOME	NEXT STEPS
Welcome & Introductions	Molly Clouse called the meeting to order at 10:08 a.m. Members, staff and guests introduced themselves.	
February Meeting Summary	Molly asked for approval of minutes. Robert Hicks so moved to accept the minutes as written, Steve Shannon seconded the motion. Motion carried.	Subsequently, a correction was noted resulting in a change to meeting attendance listings.
Department Reports	<p>Lou Kurtz reported on the following:</p> <p>Olmstead Grant Reapplication – (New Freedom Initiative) is a small SAMSHA grant of \$20,000/year, awarded on a 3 year cycle and administered through the Bazelon Center for Mental Health Law. The focus of the grant is on education awareness in assisting adults and children with mental illness and their right to live in the community, in the least restrictive environment, while coinciding with the individual's civil rights and ADA requirements. The state will be submitting the application by the February 15th deadline. Lou shared the application reporting requirements, and asked that the Council serve as the designated coalition for providing oversight of the project.</p> <p>A concern was raised that this grant may generate duplication of efforts and unnecessary bureaucracy especially relating to the DIVERTS program whose directive is building a community-based infrastructure. Lou said that the DIVERTS initiative should certainly be brought into the planning process, once the grant is approved.</p> <p>It was discussed that system coordination was needed in order to look at the global picture as this application is written. Lou made note also that the needs of children had not been addressed in the prior implementation of this grant, and language should be included to raise awareness about children with SED and their needs.</p>	

	<p>Lou asked for any further ideas and requested the Council's help and comments in writing the application.</p> <p>Anna Winchell suggested that a new organization called Grandparents Connections be tied into the trainings.</p> <p>Other State Agency Study Update – Lou explained this project is funded by SAMHSA, Center for Mental Health Services in collaboration with the NASMHPD Research Institute. This study is being done to determine and understand who is receiving MH services in other parts of the service system (beyond the state's public mental health system, Regional Boards or our state hospitals). Nine (9) agencies will be contacted for information concerning what money is being spent, reported revenue, numbers served and what type of MH services provided. The project is to be completed by April 30, 2007. In July, there will be a large meeting of all state agencies to hear the results of the project.</p> <p>Evidence Based Best Practices Planning Grant – The final meeting (retreat) will be March 26 & 27 at Natural Bridge state park where a plan and recommendations will be developed for submission to the Commissioner. The plan will include Departmental recommendations on actions to be taken over the next 2 or 3 years to promote and establish incentives for using MH evidence based practices in our community facilities.</p> <p>All presentations from past meetings over the last year are on the website http://mhmr.ky.gov/kdmhmrs, Best Practices (left side of the page); Related links/Evidence-Based Practices State Planning Grant; "Related Links/Presentations".</p> <p>Also in two weeks, two case studies concerning medication algorithms and the Integrated Treatment Project will be available. Lou told the group that if anyone was interested in hearing more about evidence-based mental health practices, he and Tena Robbins would make themselves available to speak at future Council meetings.</p>	
<p>Behavioral Risk Factor Surveillance System (BRFSS)</p>	<p>Hope Barrett, Project Manager for the Data Infrastructure Grant (DIG) within the Department for Mental Health and Mental Retardation Services (DMHMRS), introduced the group to the Behavioral Risk Factor Surveillance System (BRFSS) which is actually a telephone survey conducted annually by the Department for Public Health (DPH). Through a cooperative effort between the DIG grant and DPH, the 2007 application of this survey includes ten questions related to mental illness and stigma.</p> <p>Hope introduced two guests from the Department for Public Health. Tracey Sparks, Program Coordinator for the BRFSS, and Yvonne Konner, an Epidemiologist who analyzes the BRFSS data.</p> <p>Tracey stated that the survey is housed in the Department for Public Health in</p>	<p>Hope Barrett, KDMHMRS Hope.Barrett@ky.gov (502) 564-4860</p> <p>DRFSS Web site http://Chfs.ky.gov/publichealth/BRFSS.htm</p> <p>CDC BRFSS</p>

	<p>the Quality Improvement Division, and sponsored by the Center for Disease Control. The survey is administered each calendar year to individuals eighteen years or older and only to households; it does not include businesses, cell phones, or group homes. The BRFSS staff makes calls six days a week until 8:00 at night with a goal of 550 completed interviews per month; and 6,600 completed per year.</p> <p>Hope then read over the new ten questions on the survey. She stated that the Department's three main topics for analysis of this data are; better describe the extent of depression and mental illness stigma; improve targeting of resources; and improve targeting of interventions within KDMHMRS Suicide Task Force Project.</p> <p>Barbara Kaminer, with DMHMRS Suicide Prevention, spoke about how this survey will be helpful in assisting the Department by looking at the connection between how people are feeling and suicide. Kentucky is 12th highest in the nation for suicides. For every homicide there are 3 suicides in Kentucky. The state just received a SAMHSA grant to look at youth and suicide. Suicide is the 2nd leading cause of death among our teenagers and college-age youth, followed by the first cause which is car accidents. This survey will be used to do some intervention but mostly education and prevention with that age group. They will also be doing media campaigns across the state. The grant is for three years; towards the end they would like to see some implementation.</p> <p>The question was raised about information sharing with high schools. Barbara responded that middle schools and high schools will be the focus. There is also another piece where higher education/colleges are included. Some universities are already doing some suicide prevention work. There was also a question about whether high school counselors will be involved. Barbara said they will be focusing on all the staff before starting with the kids. Everybody will have to be involved. A question was asked whether the private sector would be included. Barbara said that had not yet been decided. Those decisions will be decided at the local level.</p> <p>Hope Barrett continued the discussion on the BRFSS system. Hope wanted the Council to think of other ways that the data from the survey could be utilized and encouraged them to provide feedback.</p> <p>Yvonne Konner from the Department for Public Health concluded the presentation by sharing with the group general analyses of similar data that has been completed by her office. Results from this year's survey questions will be made available after March 2008. Yvonne talked about an individual's health status as it relates to mental illness, such as sickness caused from stress. Yvonne read the questions on the survey and noted an interesting point that Kentuckians are more likely to be disabled from an emotional and mental problem than from stroke.</p> <p>Yvonne talked about other health related issues that her department deals with from obesity to tobacco and encouraged Council members to contact the</p>	<p>Web Site http://www.cdc.gov/BRFSS</p>
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	Department if they had questions.	
Department Updates	Barbara Kaminer discussed the new Kentucky Conference which will be May 21-25 at the Louisville Convention Center. She referenced an information packet hand-out for members to view. The comprehensive conference will encompass all spectrums of behavioral health including mental health, mental retardation, substance abuse and brain injury. There will be no MHI in 2007. The brochure will be on the Department website the first of March. The cost will be \$295 for the full week for \$95/day.	
Legislative Updates	<p>Randy Oliver gave an overview of current proposed legislation. Randy informed the Council that the 2007 session of the General Assembly convened in January for 4 days. There were 250 bills filed, 50 of which the Department has reviewed. The legislature reconvened and an additional 100-150 bills have been filed. A handout was provided listing bills of particular interest to the Department.</p> <ul style="list-style-type: none"> • Minimum wage – several fairly similar bills which propose to raise the minimum wage, ranging from \$7.00/hour up to \$7.25/hour. • HB 23 - Relates to agencies serving the blind and disabled and will provide individuals with severe disabilities additional opportunities for employment, including career advances. Randy suggested it would be beneficial to the programs operated through the CMHCs. • Compulsive gambling bills • HB 64 –Anti-bullying bill. • HB 85 - Terrorist threatening of state social workers – enhances the punishments for individuals that are involved in terrorist threatening of a social worker • HB 91 and HB 109 - HB 91 deals with tweaking applicable statutes relating to insurance coverage of Autism Spectrum Disorders (ASD). HB 109 would require the Cabinet to develop and implement a ASD program. • HB 142 models the Amber Alert program – Allow law enforcement to access community notification when an individual with a mental disability is missing and may be at risk of serious injury. Law enforcement could activate the Golden Alert System. A concern was that it might desensitize people to the Amber Alerts. • SB 72 – use of juries in competency hearings. Courts would like to have that changed to allow for those cases to be heard by a judge. • SB 34 – Pretrial diversion of substance abusers to secure an intensive substance abuse treatment program. • HB 6 – Proposes to create the Kentucky Trust Program for individuals with disabilities. <p>Sharna Klee, with the Department for Public Health requested that Randy assist her in her agency's response to 3 bills. SB 88 and HB 252 and 256. Sharna requested to see any comments by the Department.</p>	<p>Legislative Research Commission Reports http://www.lrc.ky.gov/lrcpubs/research_reports.htm</p> <p>HB 843 Reports http://mhmr.ky.gov/mhasa/HB%20843.asp?s=ub4</p> <p>FY 2008 – SAMJSA (president's budget) http://samhsa.gov/Budget/FY2008/SAMHSA08CongrJust.pdf</p>

	<p>Molly reminded everyone of the Council's charge to be advocates for adults with SMI, children with SED, individuals with co-occurring mental health and substance abuse disorders and other individuals with mental illness or emotional problems.</p> <p>Peer Support – There will be a Peer Specialist training April 2-6. Applications have been sent out to the CMHC Directors. Unfortunately the training does coincide with the KY-Can conference and Good Friday, but no other dates were available. There will be room for 25. A question was asked about the Leadership Academy – It is scheduled for February 26-March 1. The question was also asked about how many people on the Council serve on the Peer Support Committee. Through group discussion it is thought that the members are Carolyn Kates- Glass, Molly Clouse, Anita Jennings, Trudy Abshire and Deborah Bellairs, a previous Council Member. The meetings are open to council members. There is also a CAC meeting on April 12, 10:00-2:30 at DMH.</p>	
Committee Reports	<p>By-Laws – A copy of the final draft of the by-laws were provided to the Council members. Michele asked the Council to review them for any changes. A Council member commented that the By-Laws Committee did a great job. Approval is postponed until Chair is present.</p> <p>Membership – There are two existing vacancies on the Council both for parents of children with SED. Rebecca Garrett has received several applications which need to be reviewed. The question was asked if there was an actual membership committee roster. Molly said there were volunteers when the committees were first established, but the Committee has not met. Molly stated that Rebecca must appoint the members to this committee. Molly asked for volunteers. Volunteers were Mary Sue Klusman, Steve Shannon, Doreen Mills, Molly Clouse and Anna Winchell. These names will be sent to Rebecca for action. Also a note will be sent out to all members to see if anyone else is interested in serving on the Membership committee.</p> <p>Finance - There was a question about a Finance Committee and why it was necessary. Previous minutes were pulled looking for membership names and actual descriptions of the Committee. The Finance Committee was to review block grant allocations and deliverables of funded entities, meet with those entities if necessary, and make recommendations to the full Council regarding funding issues when applicable.</p> <p>Betty Jo Moss felt that a finance committee was a good idea and volunteered to serve as a member. Molly also mentioned that there was to be an RFP for some block grant funds which ties into what the Finance Committee would be a part of. Michele reminded members of the proposed RFP which Tim Hawley shared at the last meeting. Michele explained that if those funds are directed toward specific deliverables, the Department would like input. It was asked who the staff person would be. Anita Jennings stated it would probably be her. Michele discussed further the RFP processes and guidelines. Michele felt this committee could advise on what types of things are needed</p>	

	<p>in the state specifically in the family and consumer advocacy realm. It was asked when the RFP would be approved. Michele stated that it has been approved at the Department level and was now being reviewed at the Cabinet level. Michele felt it should be approved soon due to the fact it is to become effective July 1, 2007.</p> <p>Molly summed up the discussion saying that decisions needed to be made concerning the committees. Robert Hicks proposed that Council member's volunteer for committees of their choice and when Rebecca returns determinations can be made about who will serve.</p>	
Legislative Research Commission Report	<p>Michele shared information about the Program Review, completed by the Legislative Research Commission (LRC) as requested by the legislature. The subject of the Review is the 14 Community Mental Health Centers (CMHCs). Over the past 18 months, reviewers have spoken with Department staff, consumers and family members, and CMHC staff. Reviewers also did extensive study of the data from the client, event and human resources data set used by CMHCs and the Department. Although still in a draft form copies of the report were made available to Council members.</p>	
Kentucky Profile and Trends Report	<p>Michele shared information about the Mental Health Services: Kentucky Profile. This information is a one-page quick snap shot that is produced by NASMHPD which consists of mental health statistical information provided by the commissioners of every state's department that covers mental health. A handout was provided.</p> <p>Michele also shared information about the Trends Report. Every year our federal MH Block Grant application is submitted on Sept. 1. In November, there is a Peer Consultation whereby CMHS contracts with MH staff and consumers and others to review application (i.e., our 2007 Plan - blue book). After that consultation, a Trends Report is produced. This report is a summary of what the reviewer said about the Department's plan. The application was approved with no modifications. A handout was provided to Council members.</p>	
Department Updates continued	<p>Rita Ruggles discussed and passed out information on the Psychiatric Crisis Response initiative and the consultant's report back to the HB 843 Commission.</p> <p>Rita discussed the mapping process that was used and suggested it as a tool that the regions could use. It provides a picture of the infrastructure of what happens to people who are in crisis, who are current clients of the CMHC, and what happens to people who are not current clients. Rita referred to an executive summary and subsequent recommendation that came out of the consultant's review.</p> <p>Michele spoke about emergency preparedness and supplied a hand out on "What You Can Do To Be Prepared". One specific point of interest was that in case of an emergency the family should decide on an out-of-state point of contact. Michele said that according to the Kentucky Department for Public</p>	<p>Emergency Preparedness http://www.redcross.org</p>

	<p>Health, one of the most likely disasters in Kentucky would be a health epidemic. Everyone should keep a written list of all their current medications along with the prescribing doctor's name and phone number(s).</p> <p>MH Performance Indicators - Michele then discussed the MH performance Indicators which is information required to be reported to the Department. The Department is responsible for distributing the monies from our State Mental Health Planning Grant. Part of the process for distributing that money is a plan and budget application process whereby Centers submit a plan and budget to request the money. This year there will be more importance placed on the national outcome measures and other performance indicators. The handout shows what health performance indicators the Centers will be responsible for this year. In the last several years the Regions convened as a stake holders group including consumer family members of adults and children to review pieces of their application. Michele asked if the Council would be willing to help with the review process this year. Application review would probably consist of one day of going over the indicators. Information will be provided ahead of time if possible, but the time frame is tight. The application goes out the first of February and is due back to the state from the Centers on April 1. The state tries to approve by the 15th. There is only a two week window for the Department to review those applications and get back with the Centers, so the Council will need to meet within that two week window. A potential date would be Thursday, April 5. The Council agreed that they would assist in the reviews. Michele went over options on how to organize the reports for review. It was suggested that Michele organize the material the way she feels would be the most effective and efficient.</p>	
Public Comment	<p>Heather Marcus, with the Kentucky Consumer Advocate Network shared that she worked and had previously lived in New York on 911. A recommendation was made by her office that everyone who had cell phones should put ICE (in case of emergency) in front of names(s) on their cell phone call list and spell out the name (i.e., not Mom or Dad)</p> <p>Heather was concerned that some consumers were coming to their conference and may miss out on the opportunity to become a peer support specialist and asked when the next opportunity would be. Molly said that it depended on funding – it's possible with the budget shortfall that the peer specialist training may be cut.</p> <p>Heather's final comments concerns the effects that crisis has on first responders on emergency rooms and how that impacts increases in admission rates, decreases length of stay, and as a provider it's hard to care and do your job when there are all these requirements for data collection, but have no money for MIS systems. If there was money to update their data system they could spend less time doing paperwork and statistics and more time actually talking to their patients. That would decrease crisis and more efforts could go into the prevention care. Most monies are used after the crises instead of trying to prevent it.</p>	

Adjournment	Molly Clouse requested a motion to adjourn. Steve Shannon made the motion to adjourn and Mary Sue Klusman seconded the motion. Meeting adjourned at 2:00.	
Next Meeting	The next meeting of the Council will be Thursday, May 10, 2007, 10:00am-2:00pm, at the Transportation Building (tentative location) on Mero Street in Frankfort.	

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